



Clark County Social Service Assistance Application

Customer Service Call Center: (702) 455-4270

For rural areas only this application must be filled out completely prior to your interview you must also sign the Certification and Release of Information form which is included in this packet. Please call 702-455-4270 to be connected to the office that services your area.

(A list of the most common verifications and documents are provided within this application packet)

ALL OFFICES ARE OPEN MONDAY THROUGH FRIDAY 8 AM TO 5 PM

Office	Location	Scheduled Return Check-in Times
Pinto	1600 Pinto Lane, Las Vegas, NV 89106	8:00 am – 10:00 am
Community Resource Center	2432 N. Martin Luther King Boulevard, North Las Vegas, NV 89032	8:00 am – 9:15 am
Cambridge Annex	3885 South Maryland Parkway, Las Vegas, NV 89119	8:00 am – 9:15 am
Henderson	522 East Lake Mead Parkway Suite #35, Henderson, NV 89015	8:00 am – 9:15 am
Fertitta	1511 North Las Vegas Boulevard, Las Vegas, NV 89101	8:00 am – 9:15 am
Senior Services	1600 Pinto Lane, Las Vegas NV 89106	For more information please call (702) 455-8687

General Information

- Clark County Social Service most commonly provides assistance for rent, utilities, and transportation.
- If you have a medical emergency or if you feel ill while waiting in the lobby, please notify an employee at the front desk.
- On your scheduled return date, you will be interviewed and your eligibility for assistance will be determined. You will need to have all documents and verifications with you.
- We cannot provide you with a specific interview time. If you need to leave the lobby to eat, run errands, etc., you must notify an employee at the front desk.
- A “scheduled return date” means you have been guaranteed an interview on a particular date. All clients scheduled to be interviewed each day are seen by the first available worker and specific interview times cannot be determined.



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Phone: (702) 455-4270

Please complete this form to the best of your ability and print as clearly as possible.

1. Household information: Please provide the following information for all immediate family members, significant others (**Only** if you have a child or children in common), and U.S. citizen sponsors.

Street Address: _____ Phone: _____

City, State, Zip: _____

Relationship	Name	Male/ Female	Date of Birth	Place of Birth (City/State)	Marital Status	Social Security Number	Citizen Y/N?	Ethnicity
SELF								

2. Please (√) check what type of assistance for which you are applying:

Financial: _____ Transportation _____ Other: _____

Rent/Mortgage ☐

Utilities ☐

Homeowner fees ☐

Real estate taxes ☐

3. Has anyone in your household ever served in the military?

Yes ☐ No ☐

If yes, please complete additional information below:

Branch: _____

Year entered military service: _____

Year separated from military service: _____

Discharge status: _____

Did you serve in a theater of operations?

Yes ☐ No ☐

If yes, name of theater of operation _____

4. Has anyone in your household received a lump sum of money in the past thirty-six (36) months? Yes ☐ No ☐

5. Has anyone sold, traded, pawned or given away: money, vehicles, property, other resources, or closed any bank accounts in the last thirty-six (36) months? Yes ☐ No ☐

6. Please (✓) check all programs listed below that you have applied for, or are now receiving. If you are getting the benefit, indicate how much you are receiving.

<input type="checkbox"/> Social Security Benefits	\$ _____	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	\$ _____
<input type="checkbox"/> Supplemental Security Income	\$ _____	<input type="checkbox"/> Food Stamps	\$ _____
<input type="checkbox"/> Retirement Pension	\$ _____	<input type="checkbox"/> Child or Spousal Support	\$ _____
<input type="checkbox"/> Veteran's Administration (VA)	\$ _____	<input type="checkbox"/> Nevada Medicaid (CHAP, MAABD, QMB, SLMB)	\$ _____
<input type="checkbox"/> Unemployment Benefits	\$ _____	<input type="checkbox"/> Lawsuit Pending (Attorney: _____)	\$ _____
<input type="checkbox"/> Workman's Compensation	\$ _____	<input type="checkbox"/> Medical Coverage (Insurance, Medicare, HMO)	\$ _____
<input type="checkbox"/> Wages/Tips from Employment	\$ _____	<input type="checkbox"/> Other: _____	
Gross annual income	\$ _____		

7. Are you pending any of the above programs? Yes ☐ No ☐

If yes, which programs? _____

8. Have you been cut off any of the above programs? Yes ☐ No ☐

If yes, which programs? _____ When? _____

9. What is your total monthly household income? _____

10. What is your current employment status? _____

How long have you been employed? _____

11. Where have you worked for the last three (3) years?

(If you have not worked in the last three (3) years, list your last employer)

Begin date: _____ End date: _____ Employer's Name: _____

Pay Rate: _____ Occupation: _____ Address: _____

Begin date: _____ End date: _____ Employer's Name: _____

Pay Rate: _____ Occupation: _____ Address: _____

Begin date: _____ End date: _____ Employer's Name: _____

Pay Rate: _____ Occupation: _____ Address: _____

12. Where has your spouse worked for the last three (3) years?
(If your spouse has not worked in the last three (3) years, list his/her last employer)

Begin date: _____	End date: _____	Employer's Name: _____
Pay Rate: _____	Occupation: _____	Address: _____
Begin date: _____	End date: _____	Employer's Name: _____
Pay Rate: _____	Occupation: _____	Address: _____
Begin date: _____	End date: _____	Employer's Name: _____
Pay Rate: _____	Occupation: _____	Address: _____

13. List all emergency contacts (parents, siblings, adult children, friends, etc.):

Name: _____	Relationship: _____	Phone: _____
Address: _____		City, State, Zip: _____
Name: _____	Relationship: _____	Phone: _____
Address: _____		City, State, Zip: _____
Name: _____	Relationship: _____	Phone: _____
Address: _____		City, State, Zip: _____

14. Do you or does anyone in your household have any of the following resources?

- | | |
|---|---|
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Checking Account |
| <input type="checkbox"/> Credit Union Account | <input type="checkbox"/> Burial Funds |
| <input type="checkbox"/> Savings Bonds | <input type="checkbox"/> Life Insurance Policies |
| <input type="checkbox"/> Vehicle(s) | <input type="checkbox"/> Cash on Hand |
| <input type="checkbox"/> Stocks/Bonds | <input type="checkbox"/> Trust Funds |
| <input type="checkbox"/> Individual Retirement Accounts (IRA) | <input type="checkbox"/> Keogh Accounts (401k) |
| <input type="checkbox"/> Certificate of Deposit (CD) | <input type="checkbox"/> Christmas Club Account |
| <input type="checkbox"/> Individual Indian Money Account (IIMM) | <input type="checkbox"/> Other Account Type |
| <input type="checkbox"/> Other houses, land, or buildings | <input type="checkbox"/> Promissory Notes or Contracts |
| <input type="checkbox"/> Life Estates / Life Leases | <input type="checkbox"/> Mining Claims |
| <input type="checkbox"/> Land / Mineral Rights | <input type="checkbox"/> Safe Deposit Boxes |
| <input type="checkbox"/> Business Checking Account | <input type="checkbox"/> Business Equipment / Inventory |
| <input type="checkbox"/> Livestock | <input type="checkbox"/> Other: _____ |

None of the above. (No one in the household has any of the above listed resources) initials: _____



Department of Social Service

Michael J. Pawlak, Director

Bobby J. Gordon, Assistant Director

1600 Pinto Lane • Las Vegas NV 89106 • (702) 455-4270 • Fax (702) 455-5950



Certification and Release of Information

To the best of my knowledge, and under the penalties of perjury, I declare that all information provided by me is true and correct. I will not sell, trade, willfully misuse or destroy any supplies / services given to me. I will notify Clark County Social Service (CCSS) whenever there is any change in my circumstances that might affect my eligibility for assistance.

I am aware that if I am denied assistance, I can appeal the decision. I am also aware that if I do not provide all required documentation within 30 days of submitting this application, my application will be withdrawn.

I hereby authorize CCSS to make any investigation concerning me or other members of my household / service unit which is necessary to determine eligibility for any benefits I have or will receive under programs administered by CCSS.

I hereby authorize and consent to the release of any and all information concerning me and my household/service unit members to CCSS by the holder of the information, regardless of the manner or form held, including, without limitation, information considered to be confidential by law or otherwise. I also authorize CCSS to give any other governmental agency (local, state, or federal) information necessary to determine my/our eligibility for assistance from either CCSS or the other governmental agency. I hereby release the holder of such information from liability, if any, resulting from the disclosure of the required information. A REPRODUCED COPY OF THIS AUTHORIZATION LEGALLY CONSTITUTES AN ORIGINAL COPY.

Signature (Head of Household)

Date

Signature (Spouse)

Date

WITNESS: (Use if any applicant cannot read, write, and / or is blind).

I, _____, have witnessed that the above Certification and Release of Information Statement was read to the applicant and have witnessed the signature(s).

Signature: _____ Date: _____ Address: _____

City, State, Zip: _____

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